

FORM BT-101

APPLICATION FOR PERMISSION TO IMPORT ALCOHOLIC BEVERAGES FROM OUTSIDE THE UNITED STATES FOR PERSONAL CONSUMPTION

You must complete and file this application and two photocopies with the Department of Consumer Protection, Liquor Control Division. If the Department of Consumer Protection approves your application, one copy noting the approval will be returned to you. Only upon receipt of the approved application may you import the below-referenced alcoholic beverages.

This section to be completed by the Applicant

Name of Applicant: _____ Social Security Number: _____

Telephone Number: () _____

Address (number and street, city, state, and ZIP Code): _____

Check the applicable box

☐ This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of _____ (not to exceed 5) gallons of alcoholic beverages, whether or not purchased by me, during the 365 day period beginning _____, _____ and ending _____, _____.

Date of last application (if none, so indicate): _____

☐ This application pertains to the importation, from outside the territorial limits of the United States, for my own personal consumption, of;

_____ (not to exceed 100, of which no more than 20 gallons are of the same brand) gallons of wine; and

_____ (not to exceed 20, of which no more than 2 gallons are of the same brand) gallons of spirits;

coincides with the termination of my foreign residency of at least 6 months, and is in connection with the return of my personal and household goods.

Former Foreign Residence Address: _____

Date of Termination of Foreign Residency: _____

Duration of Foreign Residency: _____ years _____ months

DECLARATION

I declare under the penalty of false statement that I have examined this application, **FORM BT-101**, and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

Signature of Applicant

Date

If you need information or assistance, call the Excise/Public Services Taxes Subdivision at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

Send this application and two photocopies with an approved **FORM S&BT**, *Application for Certificate of Payment of Taxes Due on the Importation of Alcoholic Beverages*, to:

Department of Consumer Protection, Liquor Control Division, 165 Capitol Avenue, Hartford CT 06106

This section to be completed by the Department of Consumer Protection, Liquor Control Division

Date of Receipt _____

Date Action Taken _____

Action taken: _____ Application approved

_____ Application disapproved

By: _____
Signature

Title

Before approving this application, be certain that a **Form S&BT**, approved by the Department of Revenue Services, is attached. If this application is approved, return one copy to the applicant and one copy to the Department of Revenue Services at the above address.